

Status: Finalized

I. Center Identification

Organization Name: AMBUALTORY SURGERY CENTER FOR PAIN RELIEF LLC

Street Address: 2330 Lynch Rd

City: Evansville

County: IN

Administrator Name: Deborah J Turpen

Administrator Email: debroehr@yahoo.com

ASC Web Address:

Fiscal Year: 2015

Accredited: • Yes • No

Name of Accrediting Body: AAHC

Deemed Status: • Yes • No

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	0	
Number of procedure rooms	1	

III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	1944	1944		
B. Ten Most Frequent Surgical Procedures Perfo	rmed			
CPT Code		Total Procedures		
64490		427		
64493		833		
64483		463		
63650		25		

62310	51
62311	43
27096	72
22510	10
22511	11
64479	9

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	